OMB NO: 2900-0555 Estimated Burden: 20 min.

| 🔀 Department o | OR VERI | FICATION | ON OF D | EPC | SIT | | | | |
|---|--|--------------------------------|------------------------------|--------------------|--|----------------|-------------------------------------|-------------|-------------|
| LENDER: | | te Items 1 i | | Have ap | plicant(s) c | omplete Ite | em 9. Forw | ard o | directly to |
| DEPOSITORY: | depository named in Item 1. Complete Items 10 through 15 and return DIRECTLY to lender named in Item 2. | | | | | | | | |
| | | | PART I | | | | | | |
| 1. TO (Name and add | ress of d | epository) | | | | | | | |
| 2. FROM (Name and a | address of | lender) | | | | | | | |
| 3. SIGNATURE OF LENDER | | | 4. TITLE | | | | 5. DATE 6. LENDER NUMBER (Optional) | | |
| | | | 7. INFORMATI | ON TO BE | VERIFIED | | | | |
| TYPE OF ACCOUNT | | ACCOUNT IN | NAME OF | ME OF | | ACCOUNT NUMBER | | BALANCE | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| lender identified matter of courtes 8. NAME AND ADDE | y for wh | ich no respo | | attached | | itution or a | | | |
| | | PART | II - VERIFI | CATION | OF DEPOS | SITORY | | | |
| | | 10. | DEPOSIT ACC | COUNTS O | APPLICANT | (S) | | • | |
| TYPE OF ACCOUNT | ACCOUNT NUMBER | | CURRENT BALANCE \$ | | AVERAGE BALANCE FOR PREVIOUS TWO MONTHS | | | DATE OPENED | |
| | | | | | \$ | | | | |
| | | | \$ | | \$ | | | | |
| | | | \$ | | \$ | | | | |
| | | | \$ | | \$ | | | | |
| LOAN DATE ODICINAL CUIRDEN | | | | | ANDING TO APPLICANT(S) NT INSTALLMENTS SECURED NUMBER OF LATE | | | | |
| NUMBER | OF LOAN | LOAN AMOUNT | | CURRENT BALANCE | | (MO/QTRLY) | | BY | |
| | | \$ | \$ | | \$ | per | | | |
| | | \$ | \$ | | \$ | per | | | |
| | | \$ | \$ | | \$ | per | | | |
| 12. INCLUDE ANY AI (Include informati | ODITIONAL ion on Ioa | INFORMATION ns paid in full | I WHICH MAY in Item 11 al | (BE OF A bove.) | SSISTANCE II | N DETERMINA | ATION OF CREE | OIT W | ORTHINESS. |
| 13. SIGNATURE OF DEPOSITORY REPRESENTATIVE 14. TITLE | | | | | | | | 15. | DATE |

VA FORM 10-0146B